

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed

6

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Bert
Cecconi

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

☐ Change of Address

3017
Charter Crest S.A. tx 78230

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Anne
Mullen-Smith

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

3026
Nantucket Dr. S.A. tx 78230

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 699-1544

8 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

May / 27 / '03 THROUGH June / 30 / '03

10 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary

☒ Runoff

☐ General

☐ Special

May / 27 / '03

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Dist. 8 - City Council

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure ..

Name

Address / PO Box APT / Suite # City State Zip Code

☐ additional pages

GO TO PAGE 2

2003 JUN 30 AM 10:23

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Form)

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

2003 JUN 30 AM 10:23

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.80

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 8,604.57

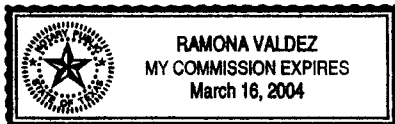
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 41,195.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Berti T. Cecconi
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Berti T. Cecconi, this the 27th day of June, 2003, to certify which, witness my hand and seal of office

Ramona Valdez
Signature of officer administering oath

Ramona Valdez
Printed name of officer administering oath

NOTARY - STATE OF TEXAS
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

3

2 FILER NAME

Bert Cecconi

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-16-03

5 Payee name

Henry Farias

6 Payee address, City, State, Zip Code

123 Broadbent Street
San Antonio, TX 78210

7 Amount (\$)

\$ 500.00

8 Purpose of payment (See instructions regarding type of information required.)

signs-run off

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

5-19-03

Payee name

Henry Farias

Payee address, City, State, Zip Code

123 Broadbent Street
San Antonio, TX 78210

Amount (\$)

\$ 500.00

Purpose of payment (See instructions regarding type of information required.)

signs-run off

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

5-19-03

Payee name

Election Support Services

Payee address, City, State, Zip Code

5309 McCullough
San Antonio, TX 78212

Amount (\$)

\$ 539.59

Purpose of payment (See instructions regarding type of information required.)

phones-early voting

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

5-19-03

Payee name

Election Support Services

Payee address, City, State, Zip Code

5309 McCullough
San Antonio, TX 78212

Amount (\$)

\$2,491.50

Purpose of payment (See instructions regarding type of information required.)

mailing

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

3

2 FILER NAME

Bert Cececoni

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5-21-03

Election Support Services

\$465.20

6 Payee address, City, State, Zip Code

5309 McCullough

San Antonio, TX 78212

8 Purpose of payment (See instructions regarding type of information required.)

auto. calls

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5-24-03

Henry Farias

\$1,000.00

Payee address, City, State, Zip Code

123 Broadbent Street

San Antonio, TX 78210

Purpose of payment (See instructions regarding type of information required.)

signs- run off

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5-26-03

Allied Advertising

\$1,445.62

Payee address, City, State, Zip Code

3700 Blanco Road

San Antonio, TX 78212

Purpose of payment (See instructions regarding type of information required.)

signs & T-shirts

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

5-26-03

Debbie Marino

\$500.00

Payee address, City, State, Zip Code

1515 Peppervine

San Antonio, TX 78249

Purpose of payment (See instructions regarding type of information required.)

PR (office staff)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

2008 JUN 30 AM 10:24

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages, Schedule F

3

2 FILER NAME

Bert Ceconi

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-29-03

5 Payee name

Henry Farias

6 Payee address, City, State, Zip Code

123 Broad Bent Street
San Antonio, TX 78210

7 Amount (\$)

\$500.00

8 Purpose of payment (See instructions regarding type of information required.)

signs

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

May 30, 03

Payee name

Allied Advertising

Payee address, City, State, Zip Code

3700 Blanco Road
San Antonio, TX 78212

Amount (\$)

\$231.47

Purpose of payment (See instructions regarding type of information required.)

t-shirts

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

6-19-03

Payee name

Election Support Services

Payee address, City, State, Zip Code

5309 McCullough
San Antonio, TX 78212

Amount (\$)

\$431.20

Purpose of payment (See instructions regarding type of information required.)

marketing

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address, City, State, Zip Code

Amount (\$)

2003 JUN 30 AM 10:24

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E 1	
2 FILER NAME Bert Cecconi		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$	
5 Date of loan	7 Name of lender Dentistry International, Inc.	9 Loan Amount (\$) \$8,195.00	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address: City, State, Zip Code 2040 Babcock Rd, Suite 307 San Antonio, TX 78229	10 Interest rate prime	
		11 Maturity date	
12 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor		16 Amount Guaranteed (\$)
	15 Guarantor address: City, State, Zip Code		
17 Principal Occupation		18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#)	Loan Amount (\$)	
Is lender a financial institution? Y N	Lender address: City, State, Zip Code	Interest rate	
		Maturity date	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address: City, State, Zip Code		
Principal Occupation		Employer	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JUN 30 AM 10:24